

## CACFP EXPENSE WORKSHEET\*

Sponsoring Organization \_\_\_\_\_

Site \_\_\_\_\_

Month/Year \_\_\_\_\_

### LABOR EXPENSES

A	B	C	D	E	F	G
POSITION	HOURS PER DAY FOR CACFP	SALARY PER HOUR	SALARY PER DAY	NUMBER OF DAYS WORKED	GROSS PAY (D X E)	BENEFITS

TOTAL: \_\_\_\_\_  
SALARIES
BENEFITS

### FACILITY EXPENSES

SQUARE FOOTAGE OF CACFP SERVICE AREA ÷ TOTAL SQUARE FOOTAGE OF FACILITY = PORTION ATTRIBUTED TO CACFP

\_\_\_\_\_ ÷ \_\_\_\_\_ = \_\_\_\_\_

A	B	C	D
SERVICE	BILLED AMOUNT	PORTION ATTRIBUTED TO CACFP	TOTAL (C x D)
COMMUNICATION AND UTILITIES			
RENT OR MORTGAGE			
CONTRACTED SERVICES			

\* This form for use without time distribution worksheets. Requires ADE approval.